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I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint the practitioners associated with the Customer Number:									
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR									
Firm o	m or Iividuai Name								
Address		3449 Rambow Drive							
City		Palo Alto		State	CA		Zip	94306	
Country									
Telephone					Email				
i am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature Chan Zhang									
Name	Chao Zhang,	Chao Zhang, Vice President, Fiberxon, Inc.							
Date	11/5/2005			Te	elephon	9			
NOTE: Signature signature is requ	es of all the inver ired, see below*	fors or essignees of record	of the entire interest o	their rep	resentative	(s) are required. Sub	mit multiple	forms if more than one	
Total of 1 forms are submitted.									

This collection of information is required by \$7 CFR 1.38. The information is required to obtain or return is benefit by the public which is to file (and by the USPTO to process) an appointers. Confidentiaty is governed by \$5 U.S.C. 172 and \$7 CFR 1.1 and 1.14. This collection is externated to task an invariant to comprise, in the confidentiaty of the confidentiation of the